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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/782,481 Confirmation No.: 5651
Applicant : Arthur Telkamp
Filing Date : 02/18/2004
Title : LOW-LOSS OPTICAL WAVEGUIDE CROSSOVERS USING AN OUT-OF-PLANE WAVEGUIDE
Group Art Unit : 2874
Examiner : James D. Stein
Docket No. : 16131.4004 (formerly 703427.4004)
Customer No. : 34313

Commissioner for Patents
Mail Stop Amendment
PO Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated July 12, 2005.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$60.00	\$120.00
<input type="checkbox"/> two months	\$225.00	\$450.00
<input type="checkbox"/> three months	\$510.00	\$1,020.00
<input type="checkbox"/> four months	\$795.00	\$1,590.00
<input type="checkbox"/> five months	\$1,080.00	\$2,160.00
Fee		\$0.00

☒ If an additional extension of time is required, please consider this a petition therefor.
Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 0.00

CERTIFICATE OF MAILING (37 CFR §1.8)

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Dated: December 12, 2005

Karen Johnson

DOCSOC1:170198.1

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- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
- B. ☐ Payment Enclosed
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total Claims	31	-	51	=	0	x	\$50.00	\$0.00
Independent Claims	1	-	3	=	0	x	\$200.00	\$0.00
Application Size Fee <small>(\$250 for each additional 50 sheets or fraction thereof)</small>	20	-	100	=	0	x	250.00	\$0.00
Multiple Dependent Claims	\$360	(if applicable)	<input type="checkbox"/>					\$0.00
Surcharge 37 CFR § 1.16(e)	\$130	(if applicable)	<input checked="" type="checkbox"/>					\$0.00
TOTAL OF ABOVE CALCULATIONS								\$0.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. <input type="checkbox"/>								\$0.00
Extension of Time (from above)								\$0.00
Assignment -- \$40 (if applicable)			<input type="checkbox"/>					\$0.00
TOTAL FEES SUBMITTED HERewith								\$t.00

Respectfully submitted,

ORRICK, HERRINGTON & SUTCLIFFE LLP

Dated: December 12, 2005

By: Eugene R. Worley

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